

**CITY OF HARTFORD**  
**FY 2006-2007 EMERGENCY SHELTER GRANT PROGRAM REPORT**  
**JULY 1, 2006 – JUNE 30, 2007**

**SHELTER PROGRAM NAME:** \_\_\_\_\_

**CUMULATIVE REPORT FOR THE PERIOD ENDING:** \_\_\_\_\_

**ATTACH A NARRATIVE OF PROGRAM ACCOMPLISHMENTS THIS MONTH**

**1. INDICATE PROGRAM & SERVICES WITH ☒**

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing           |
| <input type="checkbox"/> Vouchers for Shelters        | <input type="checkbox"/> Outreach                       |
| <input type="checkbox"/> Drop-In Center               | <input type="checkbox"/> Soup Kitchen/Meal Distribution |
| <input type="checkbox"/> Food Pantry                  | <input type="checkbox"/> Health Care                    |
| <input type="checkbox"/> Mental Health                | <input type="checkbox"/> HIV/Aids Services              |
| <input type="checkbox"/> Alcohol/Drug Program         | <input type="checkbox"/> Employment                     |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Homeless Prevention            |
| <input type="checkbox"/> Other                        |   |

**2. RESIDENTIAL SERVICES:**

Number Served Yearly: Adults: \_\_\_\_\_

Number Served Yearly: Children: \_\_\_\_\_

**Non Residential Services:**

Number Served Yearly: Adults: \_\_\_\_\_

Number Served Yearly: Children: \_\_\_\_\_

**3. ENTER APPROXIMATE PERCENTAGES OF:**

Unaccompanied 18 and Over:	Male	_____ %	Female	_____ %
Unaccompanied Under 18:	Male	_____ %	Female	_____ %

Families with Children Headed by:

Single 18 and Over:	Male	_____ %	Female	_____ %
Youth 18 and Under:		_____ %		
Two Parents 18 and over:		_____ %		
Two Parents Under 18:		_____ %		
Families with No Children:		_____ %		

**4. LIST THE NUMBER OF PERSONS FOR EACH SUBPOPULATION YOU SERVED. IF YOU SERVED SUBPOPULATIONS THAT FIT MORE THAN ONE CATEGORY, YOU MAY PLACE OVERLAPPING NUMBERS (DUPLICATE PERSONS) ON THE APPROPRIATE LINES:**

Chronically Homeless (Emergency Shelter Only): \_\_\_\_\_

Severely Mentally Ill: \_\_\_\_\_

Chronically Substance Abuse: \_\_\_\_\_

Other Disability: \_\_\_\_\_

Veterans: \_\_\_\_\_

Persons with HIV/AIDS: \_\_\_\_\_

Victims of Domestic Violence: \_\_\_\_\_

Elderly: \_\_\_\_\_

**5. SHELTER TYPE & CAPACITY:**

Barracks: \_\_\_\_\_

Groups/Large House: \_\_\_\_\_

Scattered Site Apartment: \_\_\_\_\_

Single Family Detached House: \_\_\_\_\_

Single Room Occupancy: \_\_\_\_\_

Mobile Home/Trailer: \_\_\_\_\_

Hotel/Motel: \_\_\_\_\_

Other: \_\_\_\_\_

**6. FUNDING SOURCES & AMOUNT:**

Complete All That Apply

<input type="checkbox"/> <b>ESG:</b>	_____	<input type="checkbox"/> <b>Private:</b>	_____
<input type="checkbox"/> <b>Other Federal:</b>	_____	<input type="checkbox"/> <b>Fees:</b>	_____
<input type="checkbox"/> <b>Local Government:</b>	_____	<input type="checkbox"/> <b>Other:</b>	_____

**7. NUMBER OF PERSONS SERVED WHO WERE:**

Am Indian/Alaskan Native & Black/ African Am		Black/African American/White	
Am Indian/Alaskan Native & White		Black/African American	
Am Indian/Alaskan Native		Native Hawaiian/ Other Pacific Islander	
Asian & White		Other Multi-Racial	
Asian/Pacific Islander		White	
Asian		<b>TOTAL</b>	

Name (print)

Title (PRINT)

Signature

Date